

SERIAL NUMBER <div style="text-align: center;">09/471,810</div>	FILING DATE <div style="text-align: center;">12/17/99</div>	CLASS <div style="text-align: center;">345</div>	GROUP ART UNIT <div style="text-align: center;">2774</div>	ATTORNEY DOCKET NO. <div style="text-align: center;">10991692-1</div>
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APPLICANT

DAVID D. BOHN, FT. COLLINS, CO.

****CONTINUING DOMESTIC DATA*******
 VERIFIED
none J.L.

****371 (NAT'L STAGE) DATA*******
 VERIFIED
yes J.L.

****FOREIGN APPLICATIONS*******
 VERIFIED
no J.L.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 02/05/00

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CO	SHEETS DRAWING 4	TOTAL CLAIMS 56	INDEPENDENT CLAIMS 9
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Verified and Acknowledged J.L.
Examiner's Initials Initials

ADDRESS

SEE CUSTOMER NUMBER: 022879

TITLE

DISPLAY AND POINTER MANIPULATION USING RELATIVE MOVEMENT TO A DEVICE

FILING FEE RECEIVED <div style="text-align: center;">\$1,876</div>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<table style="width:100%;"> <tr> <td><input type="checkbox"/></td> <td>All Fees</td> </tr> <tr> <td><input type="checkbox"/></td> <td>1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>1.18 Fees (Issue)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Credit</td> </tr> </table>	<input type="checkbox"/>	All Fees	<input type="checkbox"/>	1.16 Fees (Filing)	<input type="checkbox"/>	1.17 Fees (Processing Ext. of time)	<input type="checkbox"/>	1.18 Fees (Issue)	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	Credit
<input type="checkbox"/>	All Fees													
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<input type="checkbox"/>	1.17 Fees (Processing Ext. of time)													
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<input type="checkbox"/>	Other _____													
<input type="checkbox"/>	Credit													